MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

·* :3

10/584087

FILING DATE

APPLICANT(S)

CLAIN	18			

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT			AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
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